

# TEXAS DEPARTMENT OF PUBLIC SAFETY

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## SUPPLEMENTAL CRIMINAL HISTORY REPORTING

|                              |  |  |  |   |                                     |                        |  |  |                               |   |   |   |                        |                            |                                       |  |
|------------------------------|--|--|--|---|-------------------------------------|------------------------|--|--|-------------------------------|---|---|---|------------------------|----------------------------|---------------------------------------|--|
| TRN                          |  | DATE OF ARREST (DOA)                                       |  | DPS NO. (SID)                               |                                     | DATE OF BIRTH (DOB)    |  | SEX  |                               | RACE  |   | OUT OF COUNTY? <input type="checkbox"/> YES   |                        | OUT OF COUNTY ORI          |                                       |  |
| ARREST/IDENTIFICATION        | NAME (LAST, FIRST, MIDDLE) (NAM)   |  |  |   |                                     |                        |  |  |                               |   |   | OUT OF COUNTY WARRANT NO.   |                        |                            |                                       |  |
|                              | ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)  |  |  |   |                                     |                        |  |  |                               |   |   | LEAVE BLANK   |                        |                            |                                       |  |
|                              | ADDITIONAL ALIAS INFORMATION   |  |  |   |                                     |                        |  |  |                               |   |   |   |                        |                            |                                       |  |
|                              | CHARGING AGENCY ORI  |  |  |   | CHARGING AGENCY NAME                |                        |  |  | AGENCY ARREST NO. (AGN)       |   |   |   | AGENCY CASE NO. (OCA)  |                            | FIREARM CODE <input type="checkbox"/> |  |
|                              | TRS  | GOC  | DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N |   | OFFENSE CODE (AON)                  |                        | OFFENSE LITERAL (AOL)  |  |                               |   |   |   |                        |                            |                                       |  |
|                              | VICTIM'S AGE (VIC)   |  | STATUTE CITATION (CIT)                                     |   |                                     |                        | LEVEL FELONY (X,1,2,3 or S) MISDEMEANOR (A, B or C) & DEGREE <input type="checkbox"/> <input type="checkbox"/> |  | DATE OF OFFENSE (DOO)         |   | WARRANT HOLDER ORI                                |   |                        |                            |                                       |  |
|                              | WARRANT HOLDER CASE NO.  |  |  | ARREST DISPOSITION (ADN)                    |                                     | DISPOSITION DATE (ADA) |  | PROSECUTOR ORI (REF)   |                               | TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N | OPER COM VEHICLE? <input type="checkbox"/> Y or N | LICENSE NO.   | STATE                  | YEAR                       |                                       |  |
|                              | PREPARED BY, PLEASE PRINT  |  |  |   |                                     |                        |  |  |                               |   |   | DATE  |                        |                            |                                       |  |
|                              | PROSECUTOR ORI (ORIP)  | PROSECUTOR OFFICE  |  |   |                                     |                        |  |  |                               |   |   |   |                        |                            |                                       |  |
|                              | <input type="checkbox"/> PROSECUTOR ACTION CODE USE ONLY ONE CODE. REFER TO PAF CODE LIST. | PROSECUTOR ACTION LITERAL                                  |  |   |                                     |                        |  |  |                               | PROSECUTOR ACTION DATE (PAD)                        |   |   |                        |                            |                                       |  |
| TRS FOR ADDED CHARGE         |  | GOC  | DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N |   | CHANGED OR ADDED OFFENSE CODE (PON) |                        | OFFENSE LITERAL (POL)  |  |                               |   | VICTIM'S AGE (VIC)                                |   | STATUTE CITATION (CIT) |                            |                                       |  |
| CHARGES FILED IN (COURT ORI) |  |  |  | COURT NAME                                  |                                     |                        |  |  |                               |   |   | LEVEL & DEGREE FELONY (X,1,2,3 or S) <input type="checkbox"/> MISDEMEANOR (A, B, or C) <input type="checkbox"/>             |                        |                            |                                       |  |
| PREPARED BY, PLEASE PRINT    |  |  |  |   |                                     | DATE                   |  | ADDITIONAL CHARGES BY PROSECUTOR OR NOT PRESENT AT ARREST? <input type="checkbox"/> Y or N |                               | IF YES, FILL OUT SUPPLEMENTAL FORM                  |   |   |                        |                            |                                       |  |
| PROSECUTOR                   | COURT ORI (ORIC)   |  |  | COURT NAME                                  |                                     |                        |  |  |                               | CAUSE NUMBER (CAU)                                  |   |   |                        |                            |                                       |  |
|                              | GOC  | DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N |  | OFFENSE CODE (CON)                          |                                     | OFFENSE LITERAL (COL)  |  | VICTIM'S AGE (VIC)   |                               | STATUTE CITATION (CIT)                              |   | DEGREE OF DISPOSED OFFENSE FELONY (X,1,2,3 or S) <input type="checkbox"/> MISDEMEANOR (A, B, or C) <input type="checkbox"/> |                        |                            |                                       |  |
|                              | FINAL PLEA (FPO)   | GUILTY <input type="checkbox"/>                            | NO CONTEST <input type="checkbox"/>                        | NOT GUILTY <input type="checkbox"/>         | COURT DISPOSITION DATE (CDD)        |                        | SENTENCE/STATUS DATE (DOS)   |  | COURT DISPOSITION (CDN)       |   | COURT COST (CST)                                  |   |                        |                            |                                       |  |
|                              | CONFINEMENT (CMT)  |  | SENTENCE SUSPENDED - TIME (CSS)                            |   | PROBATION (CPR)                     |                        | FINE (CFN)   |  | SENTENCE SUSPENDED-FINE (CSF) |   |   |   |                        |                            |                                       |  |
|                              | COURT PROVISION (CPN)  |  |  | COURT PROVISION LITERAL (CPL)               |                                     |                        |  |  |                               |   |   | MULTIPLE SENTENCES (MCC) CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>                           |                        |                            |                                       |  |
|                              | AGENCY TO RECEIVE CUSTODY (ARC)  |  |  |   | APPEAL DATE (DCA)                   |                        | OFFENDER STATUS DURING APPEAL (DDA)  |  |                               |   | RESULT OF APPEAL (FCD)                            |   |                        |                            |                                       |  |
|                              | CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>                      | BEGINNING DATE OF SUSPENSION                               |  | EDUCATION PROGRAMS <input type="checkbox"/> | DWI <input type="checkbox"/>        | EDUCATION REQUIRED     |  | EDUCATION COMPLETED  |                               | EDUCATION WAIVED                                    |   | INTERLOCK REQUIRED  |                        | REPEAT OFFENDER REQUIRED   |                                       |  |
|                              |  | ENDING DATE OF SUSPENSION                                  |  |   | DRUGS <input type="checkbox"/>      |                        |  |  |                               |   |   |   |                        | REPEAT OFFENDERS COMPLETED |                                       |  |
|                              | PREPARED BY, PLEASE PRINT  |  |  |   |                                     |                        |  |  |                               |   |   | DATE  |                        |                            |                                       |  |
|                              | FOR LOCAL AGENCY USE   |  |  |   |                                     |                        |  |  |                               |   |   |   |                        |                            |                                       |  |

IS THE USE OF AN ADDITIONAL SUPPLEMENT REQUIRED ON THIS INCIDENT? YES ☐ NO ☐

MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765-4143

WHITE - ARREST REPORTING SHEET YELLOW - PROSECUTOR REPORTING SHEET PINK - COURT REPORTING SHEET